

115TH CONGRESS
1ST SESSION

H. R. 3178

To amend title XVIII of the Social Security Act to improve the delivery of home infusion therapy and dialysis and the application of the Stark rule under the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 11, 2017

Mr. BRADY of Texas (for himself, Mr. NEAL, Mr. WALDEN, Mr. PALLONE, Mr. TIBERI, Mr. LEVIN, Mr. BURGESS, and Mr. GENE GREEN of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve the delivery of home infusion therapy and dialysis and the application of the Stark rule under the Medicare program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Medicare Part B Improvement Act of 2017”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENTS IN PROVISION OF HOME INFUSION THERAPY

Sec. 101. Home infusion therapy services temporary transitional payment.

Sec. 102. Extension of Medicare Patient IVIG Access Demonstration Project.

Sec. 103. Orthotist's and prosthetist's clinical notes as part of the patient's medical record.

TITLE II—IMPROVEMENTS IN DIALYSIS SERVICES

Sec. 201. Independent accreditation for dialysis facilities and assurance of high quality surveys.

Sec. 202. Expanding access to home dialysis therapy.

TITLE III—IMPROVEMENTS IN APPLICATION OF STARK RULE

Sec. 301. Modernizing the application of the Stark rule under Medicare.

Sec. 302. Deposit of savings into Medicare Improvement Fund.

TITLE I—IMPROVEMENTS IN PROVISION OF HOME INFUSION THERAPY

SEC. 101. HOME INFUSION THERAPY SERVICES TEMPORARY TRANSITIONAL PAYMENT.

(a) IN GENERAL.—Section 1834(u) of the Social Security Act (42 U.S.C. 1395m(u)) is amended, by adding at the end the following new paragraph:

“(7) HOME INFUSION THERAPY SERVICES TEMPORARY TRANSITIONAL PAYMENT.—

“(A) TEMPORARY TRANSITIONAL PAYMENT.—

“(i) IN GENERAL.—The Secretary shall, in accordance with the payment methodology described in subparagraph

(B) and subject to the provisions of this paragraph, provide a home infusion therapy services temporary transitional payment under this part to an eligible home infusion supplier (as defined in subparagraph (F)) for items and services described in subparagraphs (A) and (B) of section 1861(iii)(2) furnished during the period specified in clause (ii) by such supplier in coordination with the furnishing of transitional home infusion drugs (as defined in clause (iii)).

“(ii) PERIOD SPECIFIED.—For purposes of clause (i), the period specified in this clause is the period beginning on January 1, 2019, and ending on the day before the date of the implementation of the payment system under paragraph (1)(A).

“(iii) TRANSITIONAL HOME INFUSION DRUG DEFINED.—For purposes of this paragraph, the term ‘transitional home infusion drug’ has the meaning given to the term ‘home infusion drug’ under section 1861(iii)(3)(C), except that clause (ii) of such section shall not apply if a drug de-

scribed in such clause is identified in clause (i), (ii), (iii) or (iv) of subparagraph (C) as of the date of the enactment of this paragraph.

“(B) PAYMENT METHODOLOGY.—For purposes of this paragraph, the Secretary shall establish a payment methodology, with respect to items and services described in subparagraph (A)(i). Under such payment methodology the Secretary shall—

“(i) create the three payment categories described in clauses (i), (ii), and (iii) of subparagraph (C);

“(ii) assign drugs to such categories, in accordance with such clauses;

“(iii) assign appropriate Healthcare Common Procedure Coding System (HCPCS) codes to each payment category; and

“(iv) establish a single payment amount for each such payment category, in accordance with subparagraph (D), for each infusion drug administration calendar day in the individual’s home for drugs assigned to such category.

“(C) PAYMENT CATEGORIES.—

“(i) PAYMENT CATEGORY 1.—The Secretary shall create a payment category 1 and assign to such category drugs which are covered under the Local Coverage Determination on External Infusion Pumps (LCD number L33794) and billed with the following HCPCS codes (as identified as of July 1, 2017, and as subsequently modified by the Secretary): J0133, J0285, J0287, J0288, J0289, J0895, J1170, J1250, J1265, J1325, J1455, J1457, J1570, J2175, J2260, J2270, J2274, J2278, J3010, or J3285.

“(ii) PAYMENT CATEGORY 2.—The Secretary shall create a payment category 2 and assign to such category drugs which are covered under such local coverage determination and billed with the following HCPCS codes (as identified as of July 1, 2017, and as subsequently modified by the Secretary): J1559 JB, J1561 JB, J1562 JB, J1569 JB, or J1575 JB.

“(iii) PAYMENT CATEGORY 3.—The Secretary shall create a payment category

1 3 and assign to such category drugs which
2 are covered under such local coverage de-
3 termination and billed with the following
4 HCPCS codes (as identified as of July 1,
5 2017, and as subsequently modified by the
6 Secretary): J9000, J9039, J9040, J9065,
7 J9100, J9190, J9200, J9360, or J9370.

8 “(iv) INFUSION DRUGS NOT OTHER-
9 WISE INCLUDED.—With respect to drugs
10 that are not included in payment category
11 1, 2, or 3 under clause (i), (ii), or (iii), re-
12 spectively, the Secretary shall assign to the
13 most appropriate of such categories, as de-
14 termined by the Secretary, drugs which
15 are—

16 “(I) covered under such local cov-
17 erage determination and billed under
18 HCPCS code J7799 or J7999 (as
19 identified as of July 1, 2017, and as
20 subsequently modified by the Sec-
21 retary); or

22 “(II) billed under any code that
23 is implemented after the date of the
24 enactment of this paragraph and in-
25 cluded in such local coverage deter-

1 mination or included in subregulatory
2 guidance as a home infusion drug de-
3 scribed in subparagraph (A)(i).

4 “(D) PAYMENT AMOUNTS.—

5 “(i) IN GENERAL.—Under the pay-
6 ment methodology, the Secretary shall pay
7 eligible home infusion suppliers, with re-
8 spect to items and services described in
9 subparagraph (A)(i) furnished during the
10 period described in subparagraph (A)(ii) by
11 such supplier to an individual, at amounts
12 equal to the amounts determined under the
13 physician fee schedule established under
14 section 1848 for services furnished during
15 the year for codes and units of such codes
16 described in clauses (ii), (iii), and (iv) with
17 respect to drugs included in the payment
18 category under subparagraph (C) specified
19 in the respective clause, determined with-
20 out application of any adjustment under
21 such section.

22 “(ii) PAYMENT AMOUNT FOR CAT-
23 EGORY 1.—For purposes of clause (i), the
24 codes and units described in this clause,
25 with respect to drugs included in payment

category 1 described in subparagraph (C)(i), are one unit of HCPCS code 96365 plus four units of HCPCS code 96366 (as identified as of July 1, 2017, and as subsequently modified by the Secretary).

“(iii) PAYMENT AMOUNT FOR CATEGORY 2.—For purposes of clause (i), the codes and units described in this clause, with respect to drugs included in payment category 2 described in subparagraph (C)(i), are one unit of HCPCS code 96369 plus four units of HCPCS code 96370 (as identified as of July 1, 2017, and as subsequently modified by the Secretary).

“(iv) PAYMENT AMOUNT FOR CATEGORY 3.—For purposes of clause (i), the codes and units described in this clause, with respect to drugs included in payment category 3 described in subparagraph (C)(i), are one unit of HCPCS code 96413 plus four units of HCPCS code 96415 (as identified as of July 1, 2017, and as subsequently modified by the Secretary).

“(E) CLARIFICATIONS.—

1 “(i) INFUSION DRUG ADMINISTRATION
2 DAY.—For purposes of this subsection, a
3 reference, with respect to the furnishing of
4 transitional home infusion drugs or home
5 infusion drugs to an individual by an eligi-
6 ble home infusion supplier, to payment to
7 such supplier for an infusion drug adminis-
8 tration calendar day in the individual’s
9 home shall refer to payment only for the
10 date on which professional services (as de-
11 scribed in section 1861(iii)(2)(A)) were
12 furnished to administer such drugs to such
13 individual. For purposes of the previous
14 sentence, an infusion drug administration
15 calendar day shall include all such drugs
16 administered to such individual on such
17 day.

18 “(ii) TREATMENT OF MULTIPLE
19 DRUGS ADMINISTERED ON SAME INFUSION
20 DRUG ADMINISTRATION DAY.—In the case
21 that an eligible home infusion supplier,
22 with respect to an infusion drug adminis-
23 tration calendar day in an individual’s
24 home, furnishes to such individual transi-
25 tional home infusion drugs which are not

1 all assigned to the same payment category
2 under subparagraph (C), payment to such
3 supplier for such infusion drug administra-
4 tion calendar day in the individual's home
5 shall be a single payment equal to the
6 amount of payment under this paragraph
7 for the drug, among all such drugs so fur-
8 nished to such individual during such cal-
9 endar day, for which the highest payment
10 would be made under this paragraph.

11 “(F) ELIGIBLE HOME INFUSION SUP-
12 PLIERS.—In this paragraph, the term ‘eligible
13 home infusion supplier’ means a supplier that is
14 enrolled under this part as a pharmacy that
15 provides external infusion pumps and external
16 infusion pump supplies and that maintains all
17 pharmacy licensure requirements in the State in
18 which the applicable infusion drugs are admin-
19 istered.

20 “(G) IMPLEMENTATION.—Notwithstanding
21 any other provision of law, the Secretary may
22 implement this paragraph by program instruc-
23 tion or otherwise.”.

24 (b) CONFORMING AMENDMENT.—Section
25 1842(b)(6)(I) of the Social Security Act (42 U.S.C.

1 1395u(b)(6)(I)) is amended by inserting “or, in the case
 2 of items and services described in clause (i) of section
 3 1834(u)(7)(A) furnished to an individual during the pe-
 4 riod described in clause (ii) of such section, payment shall
 5 be made to the eligible home infusion therapy supplier”
 6 after “payment shall be made to the qualified home infu-
 7 sion therapy supplier”.

8 **SEC. 102. EXTENSION OF MEDICARE PATIENT IVIG ACCESS**
 9 **DEMONSTRATION PROJECT.**

10 Section 101(b) of the Medicare IVIG Access and
 11 Strengthening Medicare and Repaying Taxpayers Act of
 12 2012 (42 U.S.C. 1395l note) is amended—

13 (1) in paragraph (1), by inserting after “for a
 14 period of 3 years” the following: “and, subject to the
 15 availability of funds under subsection (g)—

16 “(A) if the date of enactment of the Medi-
 17 care Part B Improvement Act of 2017 is on or
 18 before September 30, 2017, for the period be-
 19 ginning on October 1, 2017, and ending on De-
 20 cember 31, 2020; and

21 “(B) if the date of enactment of such Act
 22 is after September 30, 2017, for the period be-
 23 ginning on the date of enactment of such Act
 24 and ending on December 31, 2020”; and

1 (2) in paragraph (2), by adding at the end the
2 following new sentence: “Subject to the preceding
3 sentence, a Medicare beneficiary enrolled in the dem-
4 onstration project on September 30, 2017, shall be
5 automatically enrolled during the period beginning
6 on the date of the enactment of the Medicare Part
7 B Improvement Act of 2017 and ending on Decem-
8 ber 31, 2020, without submission of another applica-
9 tion.”.

10 **SEC. 103. ORTHOTIST’S AND PROSTHETIST’S CLINICAL**
11 **NOTES AS PART OF THE PATIENT’S MEDICAL**
12 **RECORD.**

13 Section 1834(h) of the Social Security Act (42 U.S.C.
14 1395m(h)) is amended by adding at the end the following
15 new paragraph:

16 “(5) DOCUMENTATION CREATED BY
17 ORTHOTISTS AND PROSTHETISTS.—For purposes of
18 determining the reasonableness and medical neces-
19 sity of orthotics and prosthetics, documentation cre-
20 ated by an orthotist or prosthetist shall be consid-
21 ered part of the patient’s medical record to support
22 documentation created by eligible professionals de-
23 scribed in section 1848(k)(3)(B).”.

**TITLE II—IMPROVEMENTS IN
DIALYSIS SERVICES**

**SEC. 201. INDEPENDENT ACCREDITATION FOR DIALYSIS
FACILITIES AND ASSURANCE OF HIGH QUAL-
ITY SURVEYS.**

(a) ACCREDITATION AND SURVEYS.—

(1) IN GENERAL.—Section 1865 of the Social Security Act (42 U.S.C. 1395bb) is amended—

(A) in subsection (a)—

(i) in paragraph (1), in the matter preceding subparagraph (A), by striking “or the conditions and requirements under section 1881(b)”;

(ii) in paragraph (4), by inserting “(including a renal dialysis facility)” after “facility”;

(B) by adding at the end the following new subsection:

“(e) With respect to an accreditation body that has received approval from the Secretary under subsection (a)(3)(A) for accreditation of provider entities that are required to meet the conditions and requirements under section 1881(b), in addition to review and oversight authorities otherwise applicable under this title, the Secretary shall (as the Secretary determines appropriate) conduct,

1 with respect to such accreditation body and provider enti-
2 ties, any or all of the following more frequently than is
3 otherwise required to be conducted under this title with
4 respect to other accreditation bodies or other provider en-
5 tities:

6 “(1) Validation surveys referred to in sub-
7 section (d).

8 “(2) Accreditation program reviews (as defined
9 in section 488.8(c) of title 42 of the Code of Federal
10 Regulations, or a successor regulation).

11 “(3) Performance reviews (as defined in section
12 488.8(a) of title 42 of the Code of Federal Regula-
13 tions, or a successor regulation).”.

14 (2) TIMING FOR ACCEPTANCE OF REQUESTS
15 FROM ACCREDITATION ORGANIZATIONS.—Not later
16 than 90 days after the date of enactment of this
17 Act, the Secretary of Health and Human Services
18 shall begin accepting requests from national accredi-
19 tation bodies for a finding described in section
20 1865(a)(3)(A) of the Social Security Act (42 U.S.C.
21 1395bb(a)(3)(A)) for purposes of accrediting pro-
22 vider entities that are required to meet the condi-
23 tions and requirements under section 1881(b) of
24 such Act (42 U.S.C. 1395rr(b)).

1 (b) REQUIREMENT FOR TIMING OF SURVEYS OF
 2 NEW DIALYSIS FACILITIES.—Section 1881(b)(1) of the
 3 Social Security Act (42 U.S.C. 1395rr(b)(1)) is amended
 4 by adding at the end the following new sentence: “Begin-
 5 ning 180 days after the date of the enactment of this sen-
 6 tence, an initial survey of a provider of services or a renal
 7 dialysis facility to determine if the conditions and require-
 8 ments under this paragraph are met shall be initiated not
 9 later than 90 days after such date on which both the pro-
 10 vider enrollment form (without regard to whether such
 11 form is submitted prior to or after such date of enactment)
 12 has been determined by the Secretary to be complete and
 13 the provider’s enrollment status indicates approval is
 14 pending the results of such survey.”.

15 **SEC. 202. EXPANDING ACCESS TO HOME DIALYSIS THER-**
 16 **APY.**

17 (a) ALLOWING USE OF TELEHEALTH FOR MONTHLY
 18 END STAGE RENAL DISEASE-RELATED VISITS.—

19 (1) IN GENERAL.—Paragraph (3) of section
 20 1881(b) of the Social Security Act (42 U.S.C.
 21 1395rr(b)) is amended—

22 (A) by redesignating subparagraphs (A)
 23 and (B) as clauses (i) and (ii), respectively;

1 (B) in clause (i), as redesignated by sub-
2 paragraph (A), by striking “under this subpara-
3 graph” and inserting “under this clause”;

4 (C) in clause (ii), as redesignated by sub-
5 paragraph (A), by inserting “subject to sub-
6 paragraph (B),” before “on a comprehensive”;

7 (D) by striking “With respect to” and in-
8 serting “(A) With respect to”; and

9 (E) by adding at the end the following new
10 subparagraph:

11 “(B)(i) Subject to clause (ii), an individual who is
12 determined to have end stage renal disease and who is re-
13 ceiving home dialysis may choose to receive monthly end
14 stage renal disease-related visits, furnished on or after
15 January 1, 2019, via telehealth.

16 “(ii) Clause (i) shall apply to an individual only if
17 the individual receives a face-to-face visit, without the use
18 of telehealth—

19 “(I) in the case of the initial three months of
20 home dialysis of such individual, at least monthly;
21 and

22 “(II) after such initial three months, at least
23 once every three consecutive months.”.

1 (2) CONFORMING AMENDMENT.—Paragraph (1)
 2 of such section is amended by striking “paragraph
 3 (3)(A)” and inserting “paragraph (3)(A)(i)”.

4 (b) EXPANDING ORIGINATING SITES FOR TELE-
 5 HEALTH TO INCLUDE RENAL DIALYSIS FACILITIES AND
 6 THE HOME FOR PURPOSES OF MONTHLY END STAGE
 7 RENAL DISEASE-RELATED VISITS.—

8 (1) IN GENERAL.—Section 1834(m) of the So-
 9 cial Security Act (42 U.S.C. 1395m(m)) is amend-
 10 ed—

11 (A) in paragraph (4)(C)(ii), by adding at
 12 the end the following new subclauses:

13 “(IX) A renal dialysis facility,
 14 but only for purposes of section
 15 1881(b)(3)(B).

16 “(X) The home of an individual,
 17 but only for purposes of section
 18 1881(b)(3)(B).”; and

19 (B) by adding at the end the following new
 20 paragraph:

21 “(5) TREATMENT OF HOME DIALYSIS MONTHLY
 22 ESRD-RELATED VISIT.—The geographic require-
 23 ments described in paragraph (4)(C)(i) shall not
 24 apply with respect to telehealth services furnished on
 25 or after January 1, 2019, for purposes of section

1 1881(b)(3)(B), at an originating site described in
 2 subclause (VI), (IX), or (X) of paragraph
 3 (4)(C)(ii)), subject to applicable State law require-
 4 ments, including State licensure requirements.”.

5 (2) NO FACILITY FEE IF ORIGINATING SITE
 6 FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-
 7 tion 1834(m)(2)(B) of the Social Security Act (42
 8 U.S.C. 1395m(m)(2)(B)) is amended—

9 (A) by redesignating clauses (i) and (ii) as
 10 subclauses (I) and (II), respectively, and by in-
 11 denting each of such subclauses 2 ems to the
 12 right;

13 (B) in subclause (II), as redesignated by
 14 subparagraph (A), by striking “clause (i) or
 15 this clause” and inserting “subclause (I) or this
 16 subclause”;

17 (C) by striking “SITE.—With respect to”
 18 and inserting “SITE.—

19 “(i) IN GENERAL.—Subject to clause
 20 (ii), with respect to”; and

21 (D) by adding at the end the following new
 22 clause:

23 “(ii) NO FACILITY FEE IF ORIGI-
 24 NATING SITE FOR HOME DIALYSIS THER-
 25 APY IS THE HOME.—No facility fee shall

1 be paid under this subparagraph to an
 2 originating site described in subclause (X)
 3 of paragraph (4)(C)(ii).”.

4 (c) CLARIFICATION REGARDING TELEHEALTH PRO-
 5 VIDED TO BENEFICIARIES.—Section 1128A(i)(6) of the
 6 Social Security Act (42 U.S.C. 1320a–7a(i)(6)) is amend-
 7 ed—

8 (1) in subparagraph (H), by striking “; or” and
 9 inserting a semicolon;

10 (2) in subparagraph (I), by striking the period
 11 at the end and inserting “; or”; and

12 (3) by adding at the end the following new sub-
 13 paragraph:

14 “(J) the provision of telehealth on or after
 15 January 1, 2019, to individuals with end stage
 16 renal disease under title XVIII by a health care
 17 provider for the purpose of furnishing of tele-
 18 health.”.

19 (d) STUDY AND REPORT ON FURTHER EXPAN-
 20 SION.—

21 (1) STUDY.—The Comptroller General of the
 22 United States shall conduct a study to examine the
 23 benefits and drawbacks of expanding the coverage
 24 under the Medicare program under title XVIII of
 25 the Social Security Act of renal dialysis services as

telehealth services, pursuant to the amendments made by this section, to include coverage of renal dialysis services furnished via telehealth and store-and-forward technologies.

(2) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report on the results of the study conducted under paragraph (1).

TITLE III—IMPROVEMENTS IN APPLICATION OF STARK RULE

SEC. 301. MODERNIZING THE APPLICATION OF THE STARK RULE UNDER MEDICARE.

(a) CLARIFICATION OF THE WRITING REQUIREMENT AND SIGNATURE REQUIREMENT FOR ARRANGEMENTS PURSUANT TO THE STARK RULE.—

(1) WRITING REQUIREMENT.—Section 1877(h)(1) of the Social Security Act (42 U.S.C. 1395nn(h)(1)) is amended by adding at the end the following new subparagraph:

“(D) WRITTEN REQUIREMENT CLARIFIED.—In the case of any requirement pursuant to this section for a compensation arrangement to be in writing, such requirement shall be satisfied by such means as determined by the Secretary, including by a collec-

1 tion of documents, including contemporaneous docu-
2 ments evidencing the course of conduct between the
3 parties involved.”.

4 (2) SIGNATURE REQUIREMENT.—Section
5 1877(e) of the Social Security Act (42 U.S.C.
6 1395nn(e)) is amended—

7 (A) in paragraph (1)(A)(i), by inserting
8 “before or not later than 90 days after the ef-
9 fective date of the lease” after “signed by the
10 parties”;

11 (B) in paragraph (1)(B)(i), by inserting
12 “before or not later than 90 days after the ef-
13 fective date of the lease” after “signed by the
14 parties”; and

15 (C) in paragraph (3)(A)(i), by inserting
16 “before or not later than 90 days after the ef-
17 fective date of the arrangement” after “signed
18 by the parties”.

19 (b) INDEFINITE HOLDOVER FOR LEASE ARRANGE-
20 MENTS AND PERSONAL SERVICES ARRANGEMENTS PUR-
21 SUANT TO THE STARK RULE.—Section 1877 of the Social
22 Security Act (42 U.S.C. 1395nn) is amended—

23 (1) in subsection (e)—

24 (A) in paragraph (1), by adding at the end
25 the following new subparagraph:

1 “(C) HOLDOVER LEASE ARRANGE-
2 MENTS.—In the case of a holdover lease ar-
3 rangement for the lease of office space or equip-
4 ment, which immediately follows a lease ar-
5 rangement described in subparagraph (A) for
6 the use of such office space or subparagraph
7 (B) for the use of such equipment and that ex-
8 pired after a term of at least one year, pay-
9 ments made by the lessee to the lessor pursuant
10 to such holdover lease arrangement, if—

11 “(i) the lease arrangement met the
12 conditions of subparagraph (A) for the
13 lease of office space or subparagraph (B)
14 for the use of equipment when the ar-
15 rangement expired;

16 “(ii) the holdover lease arrangement is
17 on the same terms and conditions as the
18 immediately preceding arrangement; and

19 “(iii) the holdover arrangement con-
20 tinues to satisfy the conditions of subpara-
21 graph (A) for the lease of office space or
22 subparagraph (B) for the use of equip-
23 ment.”; and

24 (B) in paragraph (3), by adding at the end
25 the following new subparagraph:

“(C) **HOLDOVER PERSONAL SERVICE ARRANGEMENT.**—In the case of a holdover personal service arrangement, which immediately follows an arrangement described in subparagraph (A) that expired after a term of at least one year, remuneration from an entity pursuant to such holdover personal service arrangement, if—

“(i) the personal service arrangement met the conditions of subparagraph (A) when the arrangement expired;

“(ii) the holdover personal service arrangement is on the same terms and conditions as the immediately preceding arrangement; and

“(iii) the holdover arrangement continues to satisfy the conditions of subparagraph (A).”; and

(2) in subsection (h)(1), as amended by subsection (a)(1)—

(A) in the heading, by inserting “; **HOLDOVER ARRANGEMENT**” after “**REMUNERATION**”; and

(B) by adding at the end the following new subparagraph:

1 “(E) **HOLDOVER ARRANGEMENT.**—The term
 2 ‘holdover arrangement’ means an arrangement, with
 3 respect to an agreement (including a lease or other
 4 arrangement) that has expired but as of the date of
 5 such expiration had been in compliance with the ap-
 6 plicable requirements of this section, under which
 7 the parties to such expired agreement have, since
 8 such date of expiration, continued to perform under
 9 the terms and conditions of such expired agree-
 10 ment.”.

11 **SEC. 302. DEPOSIT OF SAVINGS INTO MEDICARE IMPROVE-**
 12 **MENT FUND.**

13 Section 1898(b)(1) of the Social Security Act (42
 14 U.S.C. 1395iii(b)(1)) is amended by inserting after “dur-
 15 ing and after fiscal year 2021, \$270,000,000” the fol-
 16 lowing: “minus such dollar amount equal to the amount
 17 by which the projected expenditures under this title after
 18 application of the provisions of (including amendments
 19 made by) the Medicare Part B Improvement Act of 2017
 20 (other than section 302 of such Act) are estimated to ex-
 21 ceed the projected expenditures under this title without
 22 application of such provisions (other than such section
 23 302)”.

